

Foster Family Home - Deficiency Report

Provider ID: 1-210052

Home Name: Roesy Yabut, CNA

Review ID: 1-210052-4

2516 Rose Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 4/28/2022

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 5/28/2022. (30 days from the date the CCFFH is given their deficiency report)

Foster Family Home	Information Confidentiality	[11-800-16]
--------------------	-----------------------------	-------------

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 No confidentiality/privacy training present for any caregiver or adult household members.
CG# 2, 3, 4, 5 and HHM# 1, 2, 3, 4

Foster Family Home	Personnel and Staffing	[11-800-41]
--------------------	------------------------	-------------

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.7 No proof of past or current 2022 positive/negative TB skin test for HH [REDACTED]

41.g basic skills checklist is missing for CG# 3, 4, 5

Foster Family Home	Client Care and Services	[11-800-43]
--------------------	--------------------------	-------------

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 No RN delegation present for [REDACTED] and [REDACTED] medication and skills for caregivers. No RN delegation present for CG#3, 4, 5.

Foster Family Home - Deficiency Report

Foster Family Home**Fire Safety****[11-800-46]**

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a Fire drills missing for month of 7/2021 and 8/2021.

Foster Family Home**Quality Assurance****[11-800-50]**

- 50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e The CCFFH has a gate at the sidewalk that lacks a communication method to inside the CCFFH for quick access into the CCFFH by visitors.

Foster Family Home**Client Rights****[11-800-53]**

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.b.9 Federal regulations require client bedrooms and bathroom doors to be able to be locked only from the inside by the client for privacy. There are no locks present on the client bathroom door.

Foster Family Home**Records****[11-800-54]**

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(8) Personal inventory.

Comment:

54.b. Observation notes are not signed and dated by the CG's.

54.c.3. Doctor ordered on [REDACTED] a [REDACTED] [REDACTED] to be used for client [REDACTED]. There is no [REDACTED] [REDACTED] present in the client [REDACTED] nor a [REDACTED] [REDACTED] available in the CCFFH facility to be use.

54.c.8 Missing and incomplete forms of personal inventory of Client [REDACTED], [REDACTED]

Compliance Manager

Primary Care Giver

Date

Date